



Atty. Dkt. No. 030481-0212

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Per EGNELÖV et al

Title: DEVICE FOR VISUALLY
INDICATING A BLOOD
PRESSURE

Appl. No.: 10/756,765

Filing Date: 1/14/2004

Examiner: Patricia C. MALLARI

Art Unit: 3735

Confirmation Number:
1510

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.

Assertion of Small Entity status is enclosed.

The fee required for additional claims is calculated below:

	Claims As Amended	Previously Paid For		Extra Claims Present		Additional Claims Fee
Total Claims:	21	-	20	=	1	x \$50.00 = \$50.00
Independent Claims:	9	-	9	=	0	x \$210.00 = \$0.00
First presentation of any Multiple Dependent Claims:				+	\$370.00	= \$0.00
				CLAIMS FEE TOTAL		\$50.00

[] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[] Extension for response filed within the first month:	\$120.00	\$0.00
[] Extension for response filed within the second month:	\$460.00	\$0.00
[] Extension for response filed within the third month:	\$1,050.00	\$0.00
[] Extension for response filed within the fourth month:	\$1,640.00	\$0.00
[] Extension for response filed within the fifth month:	\$2,230.00	\$0.00
	EXTENSION FEE TOTAL:	\$0.00
[] Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00
	CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:	\$50.00
[X] Small Entity Fees Apply (subtract ½ of above):		\$25.00
	Extension Fees Previously Paid:	\$0.00
	TOTAL FEE:	\$25.00

A credit card payment form in the amount of \$25.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a

rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

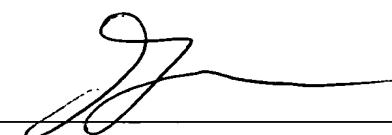
Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

MAY 28 2008

Date _____

By _____



FOLEY & LARDNER LLP
Customer Number: 22428
Telephone: (202) 672-5426
Facsimile: (202) 672-5399

Glenn Law
Attorney for Applicant
Registration No. 34,371



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AMENDMENT AND REPLY UNDER 37 CFR 1.116

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This communication is responsive to the Final Office Action dated February 28, 2008, concerning the above-referenced patent application.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this document.

Remarks begin on page 11 of this document.

Please amend the application as follows:

05/29/2008 AHONDAF1 00000055 10756765

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